

Contra Costa Health Plan

Utilization Management.

Title: Physician Administered Drugs

Policy #: UM15.079

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Reviewer: Sara Levin, MD

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Applies to:

Medi-Cal

Medicare

Commercial

All

N/A

Regulatory/Accreditation:

DMHC:

CMS:

DHCS: Other Reg.

References:

NCQA:

N/A

Units:

Administration

Advice Nurses

All Staff

Business Services

Case Management

Health Ed/Cultural Ling.

Marketing

Member Services

Planning, Survey, Reg Affairs

Provider Affairs

Quality Management

Auth/Utilization Management

SCOPE

Contra Costa Health Plan (CCHP) manages the utilization of pharmacy services and ensures quality, appropriate and timely services for its members by utilizing established written clinical criteria approved by the CCHP Pharmacy and Therapeutics (P&T) Committee.

PURPOSE

The purpose of the CCHP UM review process is to ensure the care and services received by CCHP members are effective, appropriate, timely, of high quality, consistent with community standards of care, and are coordinated and continuous across the health care spectrum.

POLICY

Physician Administered Medications: CCHP will review requests for physician administered medications as a medical benefit.

- A. CCHP requires Prior Authorization for all physician administered medications (PADs) as CCHP does not have a list of approved pharmaceuticals for physician administered medications
 1. Since all PADs require a prior authorization, CCHP does not have a closed PAD formulary. However, if a formulary is established and an exception request is made for a PAD not on that formulary, the following policy and procedures will be used:
 - a. The non-formulary (or unlisted) product may be covered if submitted as an exception request based on medical necessity through the PA process. Medical necessity information will be obtained from the prescribing practitioner.
 - b. All requests will be reviewed by an appropriate licensed practitioner at the health plan (MD or PharmD).
 - c. The same timeframes as listed in the below sections will apply (CCHP shall provide a response to approve or deny an authorization within twenty-four (24) hours of receipt of an expedited (preservice or concurrent) or standard request and thirty (30) calendar days for a retrospective request to the member and Provider).

- d. Member and provider notifications (either approval or denial letter) will be the same as traditional PA requests. The denial letter will include reason for the denial specific to the requested drug (in easy-to-understand language), facts surrounding the individual request, and member's full appeal rights and information
- B. Decisions around procedures for pharmaceuticals and prior authorizations for physician administered medications will be evaluated using criteria established by CCHP's Pharmaceutical & Therapeutics (P&T) Committee. Details concerning the P&T committee organization and operation are contained in Pharmacy P&P PM 6.003.
- C. CCHP uses clinical evidence in decision-making, utilizing government agencies, medical associations, national commissions, peer-reviewed journals, and authoritative compendia. These include but are not limited to: Milliman Care Guidelines, CMS recognized compendia (American Hospital Formulary System Drug Information, Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network Drugs and Biologicals compendium) and standards of practice, including peer reviewed medical literature, well-established clinical practice guidelines, and pharmacoeconomic studies, as well as other sources of appropriate information.
- D. A decision to approve or deny a physician administered medication can only be made by a CCHP Pharmacist or Physician.
- E. CCHP shall provide a response of approve or deny an authorization within twenty-four (24) hours of receipt of an expedited (preservice or concurrent) or standard request and thirty (30) calendar days for a retrospective request to the member and Provider.
- F. CCHP shall include information in its member manual on the coverage of physician administered drugs, written in a sixth-grade reading level. This member manual is available on the CCHP website
- G. Physician Administered Drugs affected by a Class I or Class II recall or voluntary drug withdrawal from the market for safety reasons will follow the procedure established in Pharmacy P&P PM 6.017.

PROCEDURE

When prior authorization is required:

- a. Provider submits request to CCHP with related medical necessity information and Current Procedural Terminology (CPT) codes.
- b. Upon receipt, the CCHP UM department will enter an authorization if it is determined that the physician administer drug requires prior authorization.
- c. Pharmacy Related CPT codes are submitted to CCHP Pharmacy team for review.
- d. CCHP medical review team reviews associated administrative code.
- e. If approved, an approval letter for all related and approved CPT codes are generated and sent out to requesting provider and member.

- f. If a request for a prior authorization is denied, CCHP will send the member and prescriber written notification by fax/mail within 24 hours of the determination. The member will also be informed of their right to appeal per the CCHP guidelines.
- g. As with any service, a member or provider has the right to appeal any unfavorable determination.
- h. Members and providers contact the Member Services Department to initiate the appeal process.

Please see the following CCHP Pharmacy Management Policies for additional details:

- PM 6.003 P&T Committee
- PM 6.010 Pharmacy Services
- PM 6.011 Pharmacy Prior Authorization Process Oversight